

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010416

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

265

STATE FILE NUMBER

FILED APR 15 1963

VS 300  
Rev. 4/59

10109

20120

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94200F

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122-0

133-0

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Columbia</b>		c. CITY OR TOWN <b>HARVIELL</b>	
Length of stay in 1b <b>17 days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>University of Mo. Medical Center</b>		d. STREET ADDRESS (If outside, give location) <b>R.R. #1</b>	
3. NAME OF DECEASED (Type or print) <b>Pita M. Patterson</b>		4. DATE OF DEATH Month <b>April</b> Day <b>7</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-27-97</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Las Vegas, N. Mex.</b>	
11. BIRTHPLACE (City, and state or country) <b>U.S.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>Mantova</b>		13b. MOTHER'S MAIDEN NAME <b>AGNES</b>	
14. NAME OF HUSBAND OR WIFE <b>Fred Patterson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Record Room</b> <b>University of Mo. Med Center Columbia, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary artery insufficiency</b>		<b>10 min</b>	
DUE TO (c) <b>Arteriosclerotic Heart Disease</b>		<b>5 yr.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>20% BODY BURN</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>CAUGHT CLOTHING IN FLAME OF STOVE</b>	
20c. TIME OF INJURY Hour <b>5:15</b> Month, Day, Year <b>FEB 15 '63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HOME</b>	20f. CITY, TOWN, OR LOCATION <b>HARVIELL</b>
20g. COUNTY <b>BUTLER</b>		20h. STATE <b>MO.</b>	
21. I attended the deceased from <b>3-21-63</b> to <b>4-7-63</b> and last saw her alive on <b>4-7-63</b>		Death occurred at <b>5:15</b> P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>John H Landor, M.D.</b>		22b. ADDRESS <b>807 STADIUM RD. COLUMBIA, MO.</b>	
22c. DATE SIGNED <b>4-7-63</b>		22d. LOCATION (City, town, or county) (State) <b>Denver, Colorado</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4/11/1963</b>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <b>Denver, Colorado</b>
24. FUNERAL DIRECTOR <b>Richard Allan Reeves, Columbia, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Apr. 8, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b>			

APR 25 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Richard A. Leever*

Licensed Embalmer No.

5109

P. O. Address

Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.